## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N06000008009

FILED Apr 30, 2009 Secretary of State

Entity Name: PALMETTO DISTRIBUTION FACILITY I CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 

% CARGO VENTURES, LLC 3400 N.W. 74TH AVENUE 17 STATE STREET, 9TH FLOOR MIAMI, FL 33122

NEW YORK, NY 10004

**Current Mailing Address:** 

**New Mailing Address:** 

% CARGO VENTURES, LLC 17 STATE STREET, 9TH FLOOR NEW YORK, NY 10004

**OFFICERS AND DIRECTORS:** 

FEI Number: 20-5297514 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

NRAI SERVICES, INC 2731 EXECUTIVÉ PARK DRIVE, SUITE 4 WESTON, FL 33331

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Date

## Electronic Signature of Registered Agent

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change ( ) Addition

CILTRIN, JACON B CITRIN, JACOB B Name: Name:

17 STATE STREET 9TH FLOOR Address: 17 STATE STREET 9TH FLOOR Address: City-St-Zip: NEW YORK, NY 10004 City-St-Zip: NEW YORK, NY 10004

Title: VD (X) Delete Title: () Change () Addition

PASSARELLA, GEORGE Name: Name: Address: 17 STATE STREET 9TH FLOOR Address: City-St-Zip: NEW YORK, NY 10004 City-St-Zip:

Title: STD (X) Delete Title: () Change () Addition

PASQUERELLE, MARK Name: Name: Address: 17 STATE STREET 9TH FLOOR Address: City-St-Zip: NEW YORK, NY 10004 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY MURRAY **AGEN** 04/30/2009